Bureau of Health Care Quality & Compliance

10/16 B. Cardinal HFS III

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS639HOS	A. BUILDING _____ B. WING _____ letter Sent.	09/03/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE HOSPITAL & MEDICAL CENTER	3186 S MARYLAND PKWY LAS VEGAS, NV 89109

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S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure focused survey and complaint investigation conducted in your facility on 8/31/09 and finalized on 9/3/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00022602 was substantiated with deficiencies cited. (See Tag S-300) Complaint #NV00022764 was unsubstantiated. Complaint #NV00022690 was unsubstantiated. Complaint #NV00022066 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000	RECEIVED OCT 08 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
S 300 SS=D	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from	S 300	Tag S300 Sunrise Hospital has thoroughly reviewed and assessed each of the deficiencies. Please see corrective actions listed below.	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Lydia Young 10/7/09

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S 300	Continued From page 1 which the patient is suffering. This Regulation is not met as evidenced by: Based on record review, policy review and staff interview, the facility failed to discontinue the drug Lactulose as ordered by the physician and failed to automatically cancel the drug according to hospital policy when the patient was admitted to a higher level of care for 1 of 30 patients (Patient #6), and failed to provide care/treatment as ordered by the physician or as dictated by policy for 2 of 30 patients (Patients #16 and 19). 1. The nurse failed to follow the physician ordered blood pressure range when administering Carvedilol and failed to communicate a dialysis order to the facility's dialysis contractor for Patient #16 at 5:30 PM or thereafter on 11/14/08. 2. Patient #16's file lacked documented evidence the facility's respiratory therapist(s) administered Albuterol/Atrovent four times daily between 11/08/08 and 11/18/08, or that the therapist(s) re-attempted to do so for those instances where Patient #16 was unavailable. 3. Patient #16's file lacked documented evidence the facility took photographs of coccygeal and left heel pressure sores that developed while the patient resided on its 5 West floor and again at discharge from its ICU according to policy #PRO0610. 4. A nurse failed to administer physician ordered Benadryl and Tylenol prior to a blood transfusion for Patient #19 on 9/01/09, and a nurse administered the second unit of blood in an hour	S 300	**Unnumbered deficiency regarding the drug Lactulose:** a.) The referenced patient is no longer a patient at the facility and therefore no corrective action can be accomplished specifically for the patient. b.) This deficiency could potentially affect any patient admitted to the hospital. c.) The Meditech documentation system has been recently revised to allow for a more simple and effective mechanism to communicate among the staff when an order has special parameters such as discontinuation that requires a specific action by the nurse. These parameters are also included on the eMar medication documentation tool. A Healthstream on line education module has been developed (Exhibit A). This module has a section on the new documentation features. The module also contains a review of the medication administration policy with a focus on and acknowledgement of physician orders and the necessity to be aware of any parameters that may be included. It also reviews the hospital policy requirements that all orders be discontinued and rewritten upon transfer to another level of care. The education further notes the necessity for the staff to execute the orders as directed by the physician. This education will be mandatory for all staff that administer medications and will include a post test. Staff who were directly involved with this deficiency will be individually coached by their manager.	

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S 300	Continued From page 2 and fifty minutes instead of over the three hour timeframe as ordered for Patient #19 on 9/01/09. Severity: 2 Scope: 1	S 300	d.) The monitoring to assure that medications are administered appropriately within parameters will be accomplished through our routine monitoring of Medication events and an additional short term audit of 25 medication orders per month for 3 consecutive months that have specific parameters to assure compliance. e.) The responsible party is the Chief Nursing Officer. f.) The date for completion of these corrective actions will be December 5, 2009. **Deficiency #1 Carvedilol and dialysis orders** a.) The referenced patient is no longer a patient at the facility and therefore no corrective action can be accomplished specifically for the patient. b.) This deficiency could potentially affect any patient admitted to the hospital. c.) The Meditech documentation system has been recently revised to allow for a more simple and effective mechanism to communicate among clinicians when an order has special parameters, for example administration related to a BP or pulse rate prior to administration. A Healthstream on line education module has been developed (Exhibit A). This module has a section on the new documentation features. The module also contains a review of the medication administration policy with a	

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S 300		S 300	focus review and acknowledgement of physician orders and the necessity to be aware of any clinical parameters that may be included in the order. The education further notes the necessity for the staff to execute the orders as directed by the physician. There is a specific reference in this education for processing of dialysis orders to include communication with the contract dialysis service and notation of the confirmation number in the medical record. This education will be mandatory for all staff that administer medications and does require a post test. Staff who were directly involved with this deficiency will be individually coached by their manager. d.) The monitoring to assure that medications are administered appropriately within parameters will be accomplished through our routine monitoring of Medication events and an additional short term audit of 25 medication orders per month that have specific parameters to assure compliance. Monitoring of the dialysis phone notification will consist of a review of the dialysis phone logs maintained by the contract service and a review of a minimum of 10 medical records per month for 3 consecutive months to assure compliance with the notification process. e.) The responsible party is the Chief Nursing Officer. f.) The date for completion of these corrective actions will be December 5, 2009. **Deficiency #2 Respiratory Therapy** a.) The referenced patient is no longer a patient at the facility and therefore no	

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S 300		S 300	corrective action can be accomplished specifically for the patient. b.) This deficiency could potentially affect any patient admitted to the hospital who is receiving respiratory treatments. c.) The Meditech documentation screens, to include the system responses for respiratory therapy, are being reviewed and revised to reflect more specific circumstances and to increase the options available for documentation when a treatment is not completed at the ordered time. A general Healthstream on line education module has been developed (Exhibit A). This module addresses the general requirements for Respiratory Treatment orders. There will also be Department specific education for all Respiratory Therapists on the new system responses and documentation requirements. This education will be mandatory for all Respiratory Therapists and will require a post test. In addition, the review of this deficiency has prompted the formation of a multidisciplinary team (including physicians) to review and assess current pre-printed order sets, ordering patterns and delivery protocols for Respiratory treatments, to include addressing missed treatments. The goal of this team will be to identify opportunities to improve the deliver of respiratory care to our patients. d.) The monitoring to assure that respiratory treatments are administered in accordance to the physician orders will be accomplished through review of 100% of missed treatments and the documentation of the reason the treatment was not given for	

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S 300		S 300	appropriateness. This audit information will be addressed by the multidisciplinary team. e.) The responsible party is the Director of Respiratory Therapy f.) The date for completion of these corrective actions will be December 5, 2009. **Deficiency #3 Pressure ulcer photography** a.) The referenced patient is no longer a patient at the facility and therefore no corrective action can be accomplished specifically for the patient. b.) This deficiency could potentially affect any patient admitted to the hospital who has a pressure ulcer either on admission, or developed while in the facility. c.) The policy for photographing of pressure ulcers has been reviewed. Some minor revisions will be made to assure that the policy language is obvious to the staff. A Healthstream on line education module has been developed (Exhibit B). This education reviews and reiterates the hospital policy that requires photographing of pressure ulcers. This education will be required of all direct patient care nursing staff. All Med-Surgical nursing staff will also be completing a 1:1 annual competency on skin care and pressure ulcers that includes the complete process for photography for pressure ulcer (See Exhibit C) Staff who were directly involved with this deficiency will be individually coached by their	

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S 300		S 300	manager. In addition there will be a designated presentation booth focusing on pressure ulcer care and photography at the annual Quality Fair being held October 21-24, 2009. d.) The monitoring to assure that photographs are being completed per policy will be conducted during the Pressure Ulcer Prevalence study that is being conducted housewide on October 6th. In addition 100% of patients being admitted from the main hospital to the Rehab Unit will be monitored for pressure ulcer photography being completed per policy. This audit will be conducted for a minimum of 3 months. e.) The responsible party is the Chief Nursing Officer. f.) The date for completion of these corrective actions will be December 5, 2009. **Deficiency #4 Blood transfusion** a.) The referenced patient is no longer a patient at the facility and therefore no corrective action can be accomplished specifically for the patient. b.) This deficiency could potentially affect any patient admitted to the hospital who receives a blood transfusion while in the hospital. c.) The Meditech documentation system has been recently revised to allow for a more simple and effective mechanism to communicate among clinicians when an	

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S 300		S 300	order has special parameters, for example when a single dose pre-med is ordered prior to a blood transfusion. This is also included on the eMar medication documentation tool as a reminder to the nurse. A Healthstream on line education module has been developed (Exhibit A). This module has a section on the new documentation features. The module also contains a review of the medication administration policy with a focus on and acknowledgement of physician orders and the necessity to be aware of any parameters that may be included. The education further notes the necessity for the staff to execute the orders as directed by the physician. This education will be mandatory for all staff who can administer medications. A second Healthstream module has been developed for nurses who are competent to perform blood transfusions, that highlights the process and the need to check physician orders for any special parameters, such as pre medication. Staff who were directly involved with this deficiency will be individually coached by their manager. d.) The monitoring to assure that medications are administered appropriately within parameters will be accomplished through our routine monitoring of Medication events and an additional short term audit of 25 blood transfusion orders per month to assure that any specific parameters or pre-medication orders and administration of transfusion timeframes are followed as ordered or per policy. e.) The responsible party is the Chief Nursing Officer. f.) The date for completion of these corrective actions will be December 5, 2009.	

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S 300		S 300	Although each deficiency is addressed individually, a theme is noted regarding the administration of medications in accordance with physician orders. The Healthstream Education Module conducted will also require a post test to be completed with a passing score of 80%. In addition the Sunrise Quality Fair is scheduled for October 21-24th. Each of the areas noted in this SOD will also be presented during that Fair for reinforcement of expected practice reflective of the above education. All monitoring will be reported to the Quality Care/Patient Safety Committee and forwarded to the MEC and the Board of Trustees.	